Substitute form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT						Complete if Known			
						Application Number	Not assigned	10/187,476	
						Filing Date	Herewith		
						First Named Inventor	Michael W. Chaw et al.		
						Group Art Unit	Unknown		
						Examiner Name	Unknown		
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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